

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

# PLACE OF BIRTH

1. County of Gila  
 District of \_\_\_\_\_  
 Town of \_\_\_\_\_  
 or \_\_\_\_\_  
 City of Globe

## ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 149  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. 132

2. Full name of child Antonio Gonzales (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 3. Sex of Child Male To be answered ONLY in event of plural births. L 4. Twin, triplet or other. L 5. Legitimate? yes 6. Date of birth June 13, 1927 Month day year  
 If child is not yet named, make supplemental report, as directed.

8. FATHER  
 Full name Secundino Gonzales  
 9. Residence (Usual place of abode) Globe, Arizona  
 If nonresident, give place and state  
 10. Color or race Mexican  
 11. Age at last birthday 40 (Years)  
 12. Birthplace (city or place) Mexico  
 (State or country)  
 13. Occupation Laborer  
 Nature of industry

14. MOTHER  
 Full maiden name Martina Alira  
 15. Residence (Usual place of abode) Globe, Arizona  
 If nonresident, give place and state  
 16. Color or race Mexican  
 17. Age at last birthday 26 (Years)  
 18. Birthplace (city or place) Mexico  
 (State or country)  
 19. Occupation Housewife  
 Nature of industry

20. Number of children of this mother { (a) Born alive and now living four  
 (b) Born alive but now dead none  
 (c) Stillborn none  
 (Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum? yes

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3:30 p.m. on the date above stated.  
 (Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.  
 Signature T. C. Harper, M.D.  
 Address Globe, Arizona  
 (Physician or midwife)

Given name added from supplemental report  
 Month, day, year 172 - 613 411  
 Registrar. Filed 6-30, 1927 Local Registrar. County Registrar.